STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

BUREAU OF HEALTH SERVICES FINANCING MEDICAL ASSISTANCE PROGRAM **EXPLANATION OF MEDICAL BENEFITS**

DATE 05/27/09

PAGE

THIS IS NOT A BILL

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	EXPLA	NATION OF BENEFITS	THIS IS NOT A	ILL.		
RECIPIENT NAME	RECIPIENT NUMBER	PROVIDER OF SERVICE	DESCRIPTION OF SERVICES	PLACE OF SERVICE PELD	SERVICE DATE	PAIO
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INSTRUCTIONS

ABOVE IS A LIST OF YOUR MEDICAL SERVICES THAT WERE PAID LAST MONTH BY THE MEDICAL ASSISTANCE PROGRAM. PLEASE EXAMINE THIS LIST CAREFULLY.

- 1. IF YOU RECEIVED ALL OF THE SERVICES LISTED AND THE INFORMATION IS CORRECT EITHER KEEP THIS LIST FOR YOUR RECORDS, OR THROW AWAY.
 - 2. IF YOU DID NOT RECEIVE ANY OF THESE SERVICES, OR YOU WERE REQUIRED TO PAY FOR ANY OF THESE SERVICES, PLEASE DO THIS:
 - A. CIRCLE THE SERVICE YOU QUESTION, AND WRITE YOUR REASON FOR QUESTIONING THE SERVICE. A. CIRCLE THE SERVICE YOU QUESTION, AND WRITE TOUR REASON FOR QUESTIONING THE SERVICE BESIDE THE SERVICE OF YOU PAID FOR ANY OF THE SERVICES AND HAVE A RECEIPT CHECK THIS BOX.
 - B. ENCLOSE THIS NOTICE IN THE PROVIDED RETURN ENVELOPE AND MAIL THIS LIST TO: UNISYS, P. O. BOX 3396, BATON ROUGE, LA. 70821 RETURN POSTAGE IS GUARANTEED.

THIS FORM DOES NOT PROVIDE INFORMATION FOR DRUG SERVICES THAT WERE NOT PAID FOR BY THE MEDICAL ASSISTANCE PROGRAM.

PLEASE (GIVE A NAME AND PHONE I	NUMBER OF A PERSON WE CA	N CONTACT IF WE
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NAME:		PHONE:	(

LOUISIANA KIDMED 5700 FLORIDA BLVD. 10TH FLOOR BATON ROUGE, LA. 70806

IN BATON ROUGE CALL: 928-9683

TOLL FREE NUMBER: 1-800-259-4444

DATE: MAY 31, 2009

MEDICAID #:

DEAR

aging services and accommodition

THANK YOU FOR YOUR INTEREST IN KIDMED SERVICES! KIDMED CAN HELP YOUR CHILDREN TO A HEALTHIER LIFE. MEDICAL SERVICES PROVIDED, AT NO COST TO YOU, INCLUDE COMPLETE PHYSICAL AND DENTAL EXAMS, VISION AND HEARING CHECK-UPS, SHOTS, AND MORE. A KIDMED EXAM AND CHECK-UP WILL FIND OUT IF YOUR KIDS HAVE ANY HEALTH PROBLEMS. REFERRALS TO OTHER DOCTORS, HOSPITALS, ETC., CAN BE MADE, IF FURTHER TREATMENT IS NEEDED.

KIDMED WILL HELP YOU CHOOSE THE DOCTOR, CLINIC, OR DENTIST YOU WANT YOUR CHILD TO GO TO FOR SERVICES. KIDMED WILL SET UP YOUR APPOINTMENT AND GIVE YOU THE NUMBER TO CALL IF YOU NEED A RIDE THERE AND BACK. KIDMED SERVICES RECEIVED BY YOUR CHILD WILL BE PAID FOR BY MEDICAID.

WE WANT TO OFFER THESE IMPORTANT KIDMED SERVICES TO YOU FOR YOUR CHILD, BUT HAVE BEEN UNABLE TO REACH YOU BY TELEPHONE. PLEASE CALL US AS SOON AS POSSIBLE, MONDAY THROUGH FRIDAY, BETWEEN 8:00 A.M. AND 8:30 P.M. YOU MAY CALL US AT 1-800-259-4444 AT NO CHARGE FROM ANYWHERE IN THE STATE. IF YOU LIVE IN BATON ROUGE CALL US AT 928-9683. WE LOOK FORWARD TO HEARING FROM YOU.

GIVE YOUR KIDS A HEALTHY START IN LIFE!

LOUISIANA KIDMED 5700 FLORIDA BLVD., 10TH FLOOR BATON ROUGE, LA 70806

DATE: MAY 31, 2009

MEDICAID #.

Dear

This letter is to remind you that you have an appointment with:

Your appointment is on 6/12/2009 at 11:15 a.m. It is very important that you go to this appointment. If there is an important reason why you can not go to your appointment call your KIDMED provider at (504) 464-8759 just as soon as you can.

If you need a ride to get to your appointment and back home, please call 1-800-864-6034. This call is at no charge to you. Please keep your appointment.

GIVE YOUR KIDS A HEALTHY START IN LIFE!